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| (Requestor's Name) | | | | | | | |
|-----------------------------------------|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------|--|--|--|--|--|
| SUBJE | Obskerza, LLC | | | | | | | |
| | Nan | ne of Limited Li | ability Company | | | | | |
| Dear Si | r or Madam: | | | | | | | |
| The end | closed Registered Agent/Registered Off | ice Change and | fee(s) are submitted for filing. | | | | | |
| Please r | return all correspondence concerning th | is matter to the | following: | | | | | |
| Jacob | B. Brown | | | | | | | |
| | Name of Person | | | | | | | |
| Obske | erza, LLC | | | | | | | |
| | Firm/Company | | _ | | | | | |
| 653 W | Vest 23rd Street #314 | | | | | | | |
| | Address | | | | | | | |
| Panar | ma City, FL 32405 | | | | | | | |
| | City/State and Zip Code | | | | | | | |
| jacob. | .brown@obskerza.com | | | | | | | |
| E- | -mail address: (to be used for future ann | ual report notif | cation) | | | | | |
| For furt | ther information concerning this matter, | please call: | | | | | | |
| Jacob | B. Brown | 850 | 8678418 | | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Rep Div P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee. Florida 32314 | | | | | |
| | Enclosed is a check for the following amount: | | | | | | | |
| | ☑ \$25 Filing Fee | Q \$5 | 5 Filing Fee & Certified Copy | | | | | |

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. N | ame of the limited liability company: Obskerza, LL | LC | | | | | |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------|---------------------------|-----------------------------|
| 2. (a) | Principal Office Address of LLC: | (b) | (b) Mailing Address of LLC: | | | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (5)- | М | lailing address of limite (Note: MAY BE POS | | | - |
| | 653 West 23rd Street #314 | (| 553 Wes | t 23rd Street #3 | 14 | | |
| | Panama City, FL 32405 | | Panama | City, FL 32405 | · | | |
| | 6/28/2017 | L | 1700014 | 0686 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (a) | Old Registered Agent Information: | | | | | | |
| υ. (α | Registered Agent and Registered Office shown on the records of | f the Florida D | ept. of State: | | | | |
| | Jacob B. Brown | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | | × / . | 2 | |
| | 8115 Thomas Drive Unit 5A | | | | | 2017 5 | inter- |
| | Panama City FI | 32408 | | | | SEP - | 1 j |
| (b) | New Registered Agent Information: | | | | | 5 P.X | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | , ;; | 7: | - - |
| | Jacob B. Brown | | | | | 47 | |
| | NEW Registered Office Address: | | | | | | |
| | 7519 Sunset Avenue Apartment 2 | | | | | | |
| | Panama City, FL | _32408 | | | | | |
| the ch agent was/w the art | limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of organization or the operating agreement of the lature of a member or authorized representative of a member why accept the appointment as registered agent and agricons of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address. It is a first writing of this change. | f the registe iability com of the limite limited lial | red office pany, it is ed liability bility comp o Brown | and the business of hereby confirmed company or as oth pany. Printed or typed name | ffice of that the serwise of signee | the re chang provid | gistered ge(s) led in |
| Signati | ure of Registered Agent | | | | | | |